# EXHIBIT D

Part 5

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CUST		IEK	UL	AHVI.

Claim Number	11111
Date Received	

		in Liquidation	
		<b>DECEMBER 11, 2008</b>	
(Please	print	or type)	
Name or Mailing			ollover IRA
City:	New	York State: New York	<b>Zip:</b> 10075
Account	No.:	1-W0106-3-0 (Westport National Bank)	
Taxpaye	er I,D.	Number (Social Security No.):	
NOTE:	THI SH PR RE RE SUI LES	FORE COMPLETING THIS CLAIM FORM, BE SURE ACCOMPANYING INSTRUCTION SHEET. A SE OULD BE FILED FOR EACH ACCOUNT AND, TO OTECTION AFFORDED UNDER SIPA, ALL CUSTO CEIVED BY THE TRUSTEE ON OR BEFORE MACEIVED AFTER THAT DATE, BUT ON OR BEFORE BJECT TO DELAYED PROCESSING AND TO BEING SE FAVORABLE TO THE CLAIMANT. PLEASE SEND RTIFIED MAIL - RETURN RECEIPT REQUESTED.	PARATE CLAIM FORM O RECEIVE THE FULL MER CLAIMS MUST BE arch 4, 2009. CLAIMS July 2, 2009, WILL BE SATISFIED ON TERMS
1.	Clai	m for money balances as of <b>December 11, 2008</b> :	
	a.	The Broker owes me a Credit (Cr.) Balance of	\$
	b.	l owe the Broker a Debit (Dr.) Balance of	\$
	C.	If you wish to repay the Debit Balance,	
		please insert the amount you wish to repay and	
		attach a check payable to "Irving H. Picard, Esq.,	TI
		Trustee for Bernard L. Madoff Investment Securi	ties LLC."
		If you wish to make a payment, it must be enclo	sed
		with this claim form.	\$
	d.	If balance is zero, insert "None."	

2. Claim for securities as of December 11, 2008:

## PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

			YES	NO
	a.	The Broker owes me securities valued at \$173,595.64 as of November	X 30 2008	- No.
	b.	I owe the Broker securities		±
	C.	If yes to either, please list below:		
				er of Shares or mount of Bonds
Date of Transacti (trade da		Name of Security	The Bro Owes M (Long)	e the Broker
Plea	ase s	ee the attached supporting documentation	on and accompany	/ing letter
		**************************************	<u></u>	
	<del></del>	F-1113-74034		
		8		
	10			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Wein Kallas LLC 1540 Broadway 37th Floor New Yor	traub, Whatley D	

3

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/26/09	Signature Barbara L. Hankel
Date	Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CILC	TOR	ACC	10	A 15 A
ししこ	יוטו	/  🗀 Ի	CL	MIA.

Claim Number	
Date Received	_

In Liquidation

		<b>DECEMBER 11, 2008</b>	
(Please ]	print (		
	Addr New ` No.:	ess: 980 Fifth Ave., 5B	
NOTE:	THI SHO PRO REC SUI LES CEI	FORE COMPLETING THIS CLAIM FORM, BE SURE TE ACCOMPANYING INSTRUCTION SHEET. A SEPACULD BE FILED FOR EACH ACCOUNT AND, TO OTECTION AFFORDED UNDER SIPA, ALL CUSTOME CEIVED BY THE TRUSTEE ON OR BEFORE March CEIVED AFTER THAT DATE, BUT ON OR BEFORE JUBIC TO DELAYED PROCESSING AND TO BEING SES FAVORABLE TO THE CLAIMANT. PLEASE SEND YERTIFIED MAIL - RETURN RECEIPT REQUESTED.	ARATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE IN 4, 2009. CLAIMS JULY 2, 2009, WILL BE SATISFIED ON TERMS OUR CLAIM FORM BY
1.	Clai	m for money balances as of December 11, 2008:	
	a.	The Broker owes me a Credit (Cr.) Balance of	\$
	b.	I owe the Broker a Debit (Dr.) Balance of	\$
	Ċ.	If you wish to repay the Debit Balance,	
		please insert the amount you wish to repay and	
		attach a check payable to "Irving H. Picard, Esq.,	
		Trustee for Bernard L. Madoff Investment Securitie	s LLC."
		If you wish to make a payment, it must be enclose	ed
		with this claim form.	\$
	d.	If balance is zero, insert "None."	

#### Claim for securities as of December 11, 2008:

#### PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

			YE	<u>s</u>	NO
	a.	The Broker owes me securities valued at \$27,819.04 as of November 30,	X	Хо <del>гдрушшины <u>ка</u></del>	
	b.	I owe the Broker securities		mannaga	
	C.	If yes to either, please list below:			
			-	Number o Face Amou	f Shares or nt of Bonds
Date of Transaction (trade dat		Name of Security		The Broker Owes Me (Long)	l Owe the Broker (Short)
Plea	i <u>se</u> se	ee the attached supporting documentation	and acq	companying	letter
	"				<del></del>
	_	Section on Page and Invited Company and Co	· -	<del></del>	
*******				••••	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		Х
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Weint Kallas, L.C. 1540 Broadway, 37th Floor, New York	traub, Whatley Dra	

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date	_ Signature Baragia X. Hanker
Date	Signature
115	

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CIL	CT.	OR M		01		10.00
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Claim Nur	nber
Date Rece	eived

		in Liquidation	
		<b>DECEMBER 11, 2008</b>	
(Please	print (	or type)	
	Addr New ' No.:	ess: 980 Fifth Ave , 5B	Cip: <u>10075</u>
NOTE:	THI SHO PRO REC SUI LES CEI	FORE COMPLETING THIS CLAIM FORM, BE SURE TO ACCOMPANYING INSTRUCTION SHEET. A SEPOULD BE FILED FOR EACH ACCOUNT AND, TO OTECTION AFFORDED UNDER SIPA, ALL CUSTOM CEIVED BY THE TRUSTEE ON OR BEFORE Mark CEIVED AFTER THAT DATE, BUT ON OR BEFORE BJECT TO DELAYED PROCESSING AND TO BEING SES FAVORABLE TO THE CLAIMANT. PLEASE SEND NRTIFIED MAIL - RETURN RECEIPT REQUESTED.	ARATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE ch 4, 2009. CLAIMS July 2, 2009, WILL BE SATISFIED ON TERMS OUR CLAIM FORM BY
1.	Clai	m for money balances as of December 11, 2008:	
	a.	The Broker owes me a Credit (Cr.) Balance of	\$
	b.	I owe the Broker a Debit (Dr.) Balance of	\$
	C.	If you wish to repay the Debit Balance,	
		please insert the amount you wish to repay and	
		attach a check payable to "Irving H. Picard, Esq.,	
		Trustee for Bernard L. Madoff Investment Securitie	es LLC."
		If you wish to make a payment, it must be enclos	ed
		with this claim form.	\$
	d.	If balance is zero, insert "None."	

### Claim for securities as of December 11, 2008:

#### PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

			YES	<u> </u>	NO
	a.	The Broker owes me securities valued at \$244,661.73 as of November 30	X 2008	<u> </u>	
	b.	I owe the Broker securities			- No 17-1
	C.	If yes to either, please list below:			
			<u>_ F</u>	Number of ace Amour	
Date of Transaction (trade dat		Name of Security	0	ne Broker wes Me (Long)	l Owe the Broker (Short)
Plea	ise se	ee the attached supporting documentation	and ac <u>cc</u>	mpanying l	<u>etter</u>
			-		<del></del>
			· _		
<u> </u>	_		// <del>***</del>	<del></del> -	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	<del>*************************************</del>	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Wein Kallas, LLC, 1540 Broadway, 37th Floor, New Yor	traub, Whatley D	

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date2/26/09	Signature Colum Hamkin
Date	Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CHIC	TO		20	LAI	
CUS	10	VIC.	てし	LAI	IVI

Claim Number	83
Date Received	_

In Liquidation				
(Please p	print c	DECEMBER 11, 2008 or type)		
Mailing City: Account	Addre New ) No.:	omer: Marc B. Hankin, Marc B. Hankin IRA ess: 111 East 85th St., Apt. 9G  ork State: New York Zi 1-W0106-3-0 (Westport National Bank)  Number (Social Security No.):		
NOTE:	THE SHO PRO REC SUE LES	FORE COMPLETING THIS CLAIM FORM, BE SURE TO A SCOMPANYING INSTRUCTION SHEET. A SEPA DULD BE FILED FOR EACH ACCOUNT AND, TO DITECTION AFFORDED UNDER SIPA, ALL CUSTOME CEIVED BY THE TRUSTEE ON OR BEFORE Marc CEIVED AFTER THAT DATE, BUT ON OR BEFORE JUSTECT TO DELAYED PROCESSING AND TO BEING SES FAVORABLE TO THE CLAIMANT. PLEASE SEND YER TIFIED MAIL - RETURN RECEIPT REQUESTED.	RATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE h 4, 2009. CLAIMS uly 2, 2009, WILL BE ATISFIED ON TERMS	
1.		m for money balances as of <b>December 11, 2008</b> :	<b>₩</b> ₩	
	a. b. c.	The Broker owes me a Credit (Cr.) Balance of I owe the Broker a Debit (Dr.) Balance of If you wish to repay the Debit Balance, please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securitie If you wish to make a payment, it must be enclose with this claim form. If balance is zero, insert "None."		
	<b>.</b>	in building to zero, insert mone.		

Claim for securities as of December 11, 2008:

## PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

			YES	NO
	a.	The Broker owes me securities valued at \$106,599.14 as of November 30, 2	X	
	b.	I owe the Broker securities		
	C.	If yes to either, please list below:		
			Number o Face Amou	f Shares or nt of Bonds
Date of Transact (trade da		Name of Security	The Broker Owes Me (Long)	l Owe the Broker (Short)
Plea	ase se	ee the attached supporting documentation and	d ac <u>compan</u> ying	letter
<u>-</u>				
		Market Market Control of the Control	-	
	-	<del></del>	<u></u>	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

08-01789-cgm Doc 4111-18 Filed 05/27/11 Entered 05/27/11 17:31:44 Exhibit D Part 5 Pg 16 of 20

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	\$	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	<u> </u>	X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Weing Kallas, LLC, 1540 Broadway, 37th Floor, New Yor	traub. Whatley D	rake &

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IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY

INFORMATION AND BELIEF.	
Date 2/25/01	Signature Man Man
Date	Signature
address, phone number, and exten	red, all must sign above. Give each owner's name, t of ownership on a signed separate sheet. If other rate, trustee, custodian, etc., also state your capacity

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

and authority. Please supply the trust agreement or other proof of authority.)

~ "	107		MER	-		
1 1		,,,,,,	a	4 . 1	n	

Claim Number\_\_\_\_\_

	C	Date Received				
BERNARD L. MADOFF INVESTMENT SECURITIES LLC						
	In Liquidation	phone # 508-994-0328				
/Dlagge = ==-4	DECEMBER 11, 2008	evall to her @ Comcod. Me				
(Please print		to her @ Goncal, Me				
Mailing Add City: South Account No.: Taxpayer I.D	tomer: Edwardf, Herlihy ress: 31 Shore Agree Road  Dortmouth State: Moss 7  Westport National Bank 1 W0106-  Number (Social Security No.): _  ownt at Westpit Nutronal Bank #	iip: <u>0 z 7 4</u> 8 3-0				
NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.						
****	**************************************	KAN				
1. Clai	m for money balances as of December 11, 2008:					
a.	The Broker owes me a Credit (Cr.) Balance of	\$				
b.	I owe the Broker a Debit (Dr.) Balance of	\$				
C.	If you wish to repay the Debit Balance,					
	please insert the amount you wish to repay and					
	attach a check payable to "Irving H. Picard, Esq.,					
	Trustee for Bemard L. Madoff Investment Securities LLC."					
	If you wish to make a payment, it must be enclosed					
	with this claim form.	\$				
d.	If balance is zero, insert "None."					

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	Simminganinin	×
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	Man Angelon	X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	Security	$\prec$
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	<u> </u>	×
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		*
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone assist preparation of this claim form:	sting you in the	

H. -

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date	2/19/09	Signature	Tword	F. Herling
Date		Signature		

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to: